



# EmployeeUPDATE

*Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.*

A monthly publication for employees of the North Carolina Department of Health and Human Services

## State gearing up for rise in H1N1 flu cases this fall

**State operated facilities ramp up plans to protect patients**



**'Pick me!'**

Secretary Cansler's quiz drew plenty of raised hands when he reviewed the H1N1 information he went over with the youth and adults at Mayview Community Learning Center in Raleigh. Correct respondents were awarded a beach ball.

— Photos by Jim Jones, DHHS Public Affairs

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**2009 H1N1 Flu What do I need to know and do?**

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**State gearing up for rise in H1N1 flu cases cont. from page 1**

*(Note: The back pages of this newsletter provide handy H1N1 Flu information sheets in English and in Spanish. Please print and use at work or at home to remind your coworkers and family to be vigilant.)*

State Health Director Dr. Jeffrey Engel cautioned at a media briefing Aug. 25 that up to half the state's population could be affected by the H1N1 flu virus before the disease has run its course through the state by next spring.

His comments accompanied a message he repeated frequently last spring when the virus was first confirmed in North Carolina. The message still bears heeding to prevent spread of the virus: Wash your hands frequently with warm, soapy water, cough or sneeze into a tissue or your elbow, and stay home from work or school if you are sick.

That and other cautionary messages are resonating with parents who have sent their children back to public schools, and for college students returning to campus after a summer break.

The message is also being taken seriously by the folks at the state-operated hospitals, developmental disability centers, and alcohol and drug treatment centers. Tighter visitor controls are now in place, and visitors will be screened at state operated facilities during the flu season.

Recognizing that it is a matter of when, not if, an H1N1 flu case is confirmed at one of the 14 state-operated facilities, procedures are in place to limit the potential spread of the virus.



**Black light illuminates germs**

Wake Human Services RN Elizabeth S. Newlin waves a portable ultra-violet light over the twice-scrubbed hands of one of the youth at the center, turning up signs that germs are still present.

State-Operated Health Facilities Division Director Luckey Welsh says that the goal is to “stop the disease at the door” and, if it does get in, limit its ability to spread.

All state facilities are screening all staff and visitors to identify people exhibiting signs of respiratory infections. Visitors with flu symptoms are not permitted to visit patients or residents until they are no longer sick. Employees who develop fever or influenza-like symptoms are being instructed not to come to work or, if already on the job, to make arrangements to leave and avoid contact with other staff and patients.

As part of a wider public education campaign, DHHS has created a Web page with flu information that will be updated as developments warrant. The site includes downloadable information pages about the virus in

English and Spanish: “H1N1 Flu: What do I need to know and do?” The Web site is at [www.flu.nc.gov](http://www.flu.nc.gov).

The department is also promoting awareness through contact with the child care centers and health care facilities licensed by the department, as well as with regional and statewide membership associations.

DHHS Secretary Lanier Cansler met with school-age children at Mayview Community Learning Center in Raleigh, sharing with them the importance of good hygiene to help prevent the spread of flu. He was joined by state and county public health nurses who reiterated his message using black lights to show the presence of potential germs on the kids' hands, even after several washings.

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**State gearing up for rise in H1N1 flu cases cont. from page 2**

The following eight action steps from the federal Centers for disease Control and Prevention (CDC) are the central precautions to take to avoid catching and spreading the flu at home and at work:

1. Maintain a healthy lifestyle through rest, diet, exercise, and relaxation.
2. Wash your hands frequently with soap and water for 20 seconds or use an alcohol-based hand cleaner if soap and water are not available. Be sure to wash your hands after coughing, sneezing or blowing your nose.
3. Avoid touching your nose, mouth and eyes. Germs spread this way.
4. Cover your coughs and sneezes with a tissue, or cough and sneeze into your elbow. Dispose of tissues in no-touch trash receptacles.
5. Keep frequently touched common surfaces clean, such as telephones, computer keyboards, doorknobs, etc.
6. ***Do not use other workers' phones, desks, offices, or other work tools and equipment.*** If you need to use a co-worker's phone, desk, or other equipment, clean it first.
7. Do not spread the flu! If you are sick with flu-like illness, stay home. Symptoms of flu include fever (100 degrees Fahrenheit/38 degrees Celsius) or chills ***and*** cough or sore throat. In addition, symptoms of flu can include runny nose, body aches, headache, tiredness, diarrhea, or vomiting. CDC recommends that sick workers stay home if they are sick with flu-like illness until at least 24 hours after they are free of fever without the use of fever-reducing medicines.
8. Get vaccinated against seasonal flu when vaccine is available in your area. If you are at higher risk for 2009 H1N1 flu complications you should receive the 2009 H1N1 flu vaccine when it becomes available. People at higher risk for 2009 H1N1 flu complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease or diabetes). For more information about priority groups for vaccination, visit **[www.cdc.gov/H1N1flu/vaccination/acip.htm](http://www.cdc.gov/H1N1flu/vaccination/acip.htm)**. ■

– Jim Jones, DHHS Public Affairs

**Eat Smart, Move More Health Tip**



## Enjoy More Fruits and Veggies

What are low in calories, full of essential nutrients and can help reduce your risk for chronic diseases? Fruits and vegetables! Make fruits and vegetables half your plate at every meal and for every snack. Fresh, frozen, dried, canned—it all counts. Shake things up by enjoying a variety of colors to stay healthy and fit. Your body will thank you.

For more tips on how to eat your fruits and veggies every day where you live, learn, earn, play and pray, visit

**[www.EatSmartMoveMoreNC.com](http://www.EatSmartMoveMoreNC.com)**





# From English to Spanish: Present at the 'Transcreation'

At the N.C. Division of Vocational Rehabilitation Services – “VR” – a large, central part of our mission is to provide people who have disabilities with the services, training and supports they need to obtain competitive employment or, if they develop a disability while working, either stay on the job or find new employment.

VR has a whole range of brochures, flyers and other material targeting a variety of customers – and not just those who want to work or keep working, but also the businesses to whom we refer our consumers for employment, and others.

In the last few years, an increasing number of Spanish-speaking North Carolinians have added immeasurable skills and talents to our workforce, enriching the lives of communities across our state.

But as a result, VR found itself with the challenge of adequately serving members of the Latino community who don't speak English. The obvious solution: translating our materials into Spanish and, in the first stages of meeting this challenge, we did.

But something else was required. Translation – simply turning English words into Spanish equivalents – was getting us only halfway to where we needed to be. The English language is filled with idioms and figures of speech that make it a colorful tongue, but sometimes those colorations just don't translate.



New publication tells a story with pictures and words.

On the other side of the coin, a Spanish-speaker may understand better what we're trying to say through that language's own idioms – and sometimes *they* don't come through in a translation that's too literal. And what about the appearance and design of the piece? Does that make a difference?

Meeting these challenges is where “transcreation” comes in. A term introduced to me by DHHS' Hispanic Public Information Officer Gloria Sanchez, transcreation is the process of taking English-language material and – adapting language, colors, photographic subjects, format and other elements – creating material that is “culturally appropriate” to the intended audience.

A case in point is the *fotonovela* or “photo story.” With the ample expertise of Ms. Sanchez and Christie Adams of the department's Graphic Arts Unit, we took our principal, consumer-targeted brochure, “Get Ready to Work – With VR!” and re-thought it.

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**Present at the Transcreation cont. from page 4**

Instead of the more traditional, straightforward explication of the benefits and opportunities available through VR services, we created a photo story involving two old friends meeting at la tienda, the supermarket.

The publication's title, "Prepárese para trabajar", is one of only a few similarities with its English counterpart. In the Spanish version, a gentleman who recently lost his arm in a workplace accident happens upon his old friend.

When he expresses his fear that the new disability will doom him to unemployment, his friend tells him how VR services assisted him. The man is then seen in consultation with a VR counselor and, in the third scene, learning the ropes on a new job.

Another piece that we transcreated was a publication in question-and-answer format. We kept the format but changed the colors, the layout and the photographs to achieve a more culturally appropriate look and feel.

Because these pieces are still hot-off-the press, it's too soon to report on their success. But I hope that sharing this experience will help others as we all attempt to better fulfill our mission with our non-English speaking consumers. ■

– Ed Bristol, Marketing Director,  
NCDVRS

## Secretary Cansler pitches in on Meals on Wheels delivery

Secretary Lanier Cansler joined staff from the Division of Aging and Adult Services on their Friday Meals on Wheels route delivering lunches to Wake County residents who receive home delivered meals. DAAS staff deliver to the peach route from the Vernon Malone Center every Friday.

all cabinet agencies and has encouraged all state employees to join her and her staff in participating in the initiative. ■

The Secretary had the opportunity to join DAAS' staff in as part of the "United We Serve" initiative created by President Obama. Governor Perdue has asked

– Lori Walston, DHHS Public Affairs



Secretary Lanier Cansler with Mr. and Mrs. Clifton, residents on the peach route of Wake County Meals on Wheels.

– Photo by Dennis Streets,  
Division of Aging and Adult Services



Audrey Edmisten, state nutrition coordinator and Dennis Streets, director at DAAS with Secretary Cansler getting ready to depart from the Vernon Malone Center.

– Photo by Lori Walston, DHHS Public Affairs Office



## Senior Farmer's Market Nutrition Program Increases Access to Healthy Living



Jeff Allen, a produce vendor from Dunn and Alice Camero a staff member from the Dunn Senior Center assist Eartha McLean and Edna Wingate as they purchase fresh fruit and vegetables. – Photos by Jim Jones, DHHS Public Affairs Office

Congregate nutrition program participants from the Dunn Senior Center in Harnett County recently took a field trip to the State Farmer's Market in Raleigh. The seniors had an opportunity to come to the farmer's market and use coupons they received from the Senior Farmer's Market Nutrition Program.

The Senior Farmer's Market Nutrition Program is a collaborative effort between the Division of Aging and Adult Services at DHHS and the North Carolina Department of Agriculture. The program receives funding from USDA.

One goal of the program includes improving the nutritional status of the congregate nutrition site participants by enabling them to purchase fresh fruits and vegetables at local farmer's markets. A second goal is to stimulate business for local farmers and create a greater awareness of the farmer's market. The program provides \$36 worth of coupons to allow economically disadvantaged seniors to purchase fresh produce from local farmer's markets. ■

– Lori Walston, DHHS Public Affairs

Edna Wingate from the Dunn Senior Center checks out the offerings of fresh peaches at the State Farmer's Market.



## Dr. Megan Davies is new State Epidemiologist

Dr. Megan Davies is the new state epidemiologist and chief of the Epidemiology Section of the N.C. Division of Public Health. A member of the Division of Public Health staff since 2002, Davies assumed her new duties on Aug. 10. As a physician with experience at the national Centers for Disease Control and Prevention as well at the community and state levels, she is well-suited for her new roles.

Davies received her BA degree from Warren Wilson College in Asheville and her MD from the University of North Carolina. She completed



Dr. Megan Davies

residency training in Family Medicine at East Carolina University and then practiced family medicine in western North Carolina for four years. In 1998, she joined CDC's Epidemic Intelligence Service (EIS) for a two-year fellowship. She was a staff epidemiologist with CDC after completing her EIS training in 2000 and in 2002 came to the N.C. Division of Public Health as a career epidemiology field officer, working to develop new surveillance systems and enhance state epidemiologic capacity. ■

— Carol Schriber,  
DHHS Public Affairs

## CARE-LINE call volume rises as economy falls

Gone are the headsets of old, tethered to the telephone by wire, plug and jack.

In this new-fangled world even the busy folks who take more than 300,000 calls a year at the N.C. CARE-LINE have been afforded the comfort and convenience of modern technology — such as the wireless earpiece that eliminates the need for annoying telephone cords that tangle and twist. The innovation leaves both hands free.

And then there are the office Post-its, which when used to their best advantage can display dozens of answers to callers' questions with no need to click a mouse or flip a page.

If you visit the work spaces at the CARE-LINE, the Post-its are everywhere, but orderly.

Ah, you've got to love it. This is a world where even an information and referral specialist like Ginny Ramirez and her coworkers can benefit from the innovations of the times. No more look ups through shelves of hefty catalogs or lists maintained in three-ring binders. Today they work from computers that can tap into a database of thousands of entries and after asking just a few questions, they can zoom in on the one critical piece of information to help the caller on the other end of the line. The entire computer query might take a small fraction of a second. The most critical part is the operator who knows the questions to ask, and where to find the right information.

There may be plenty of tough questions that do not have easy answers. But these innovations and a few others make the job a little easier. They shorten the wait time for backed-up callers, and ultimately benefit the caller by making sure they receive the information they need quickly and efficiently. It is all accomplished without a phone tree. The best part? Callers hear a live, responsive human voice on the other end of the line, like Ginny or any of the 15 other I&R specialists on the other end of the line.

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**CARE-LINE call volumes rises cont. from page 7**

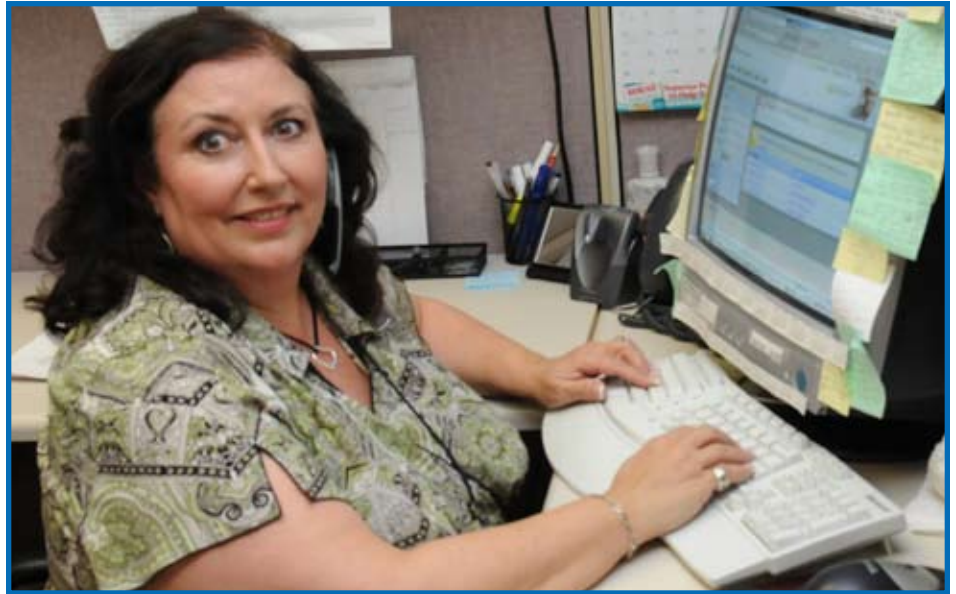
The helpful voice and can-do attitude toward helping a caller to find services is part of the Department of Health and Human Service's 'We Care' approach to customer service and the core tenet of the Office of Citizen Services and the staff who answer calls to the CARE-LINE.

For Ginny Ramirez, her first year on the job has zoomed by as she has helped hundreds of Spanish-speaking callers with issues such as understanding forms they may receive from local social service offices.

"The good part about this job is that you're a bridge between someone who cannot express themselves because of a language barrier and the information they need," Ramirez said. "When they hear my voice in Spanish, it's like they want to just blurt out because finally they are hearing someone who speaks Spanish."

Word is reaching the Latino community that there are helpful voices at the CARE-LINE. Ramirez says, "They call with letters they receive at home in English, because they don't understand what they're reading."

Melodee Stokes, director of the Office of Citizen Services, praises her staff for the jobs they all do and the caring demeanor that they bring to their jobs. "You can't do this if it isn't in your heart to care about other people," Stokes said.



Ginny Ramirez, CARE-LINE information and referral specialist  
– Photo by Jim Jones, DHHS Public Affairs

"Our specialists demonstrate their caring attitudes all day, every day. I want every call to be a good experience for our customers."

Over the last several years, the CARE-LINE has ramped up its services to respond to the surge in calls during the anthrax, SARS and avian flu scares. Now it is seeing an increase in calls regarding the H1N1 flu virus.

As the economy has turned south, the frequency of calls seeking help with public assistance have increased. Many people are finding themselves in situations where they no longer have the security of a job and steady paycheck and do not know where to turn for assistance. By calling the CARE-LINE, an agent thoroughly assesses their situation and provides them with helpful information and referrals.

Day-to-day callers' most frequent questions have to do with Medicaid, social services, child support and public health. But topics also include the gamut of services provided by DHHS divisions and offices, as well as those provided by other state agencies and nonprofit organizations. ■

– Jim Jones, DHHS Public Affairs



# THE Cultural Competency CORNER

By Gloria Sánchez, Latino Public Information Officer



## **Celebrate Hispanic Heritage Month: Tips for participating in Latino events**

*Hispanic Heritage Month begins Sept. 15 and ends Oct. 15. It is the anniversary of independence for five Latin American countries: Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua. In addition, Mexico's independence is celebrated on Sept. 16, and Chile on Sept. 18. It is also an opportunity to recognize the contributions of Hispanic Americans.*

During this period, there are a lot of Latino fairs and events across the state that provide an excellent opportunity to spread the word about your programs, services and messages. Here are a few tips that can help you to exhibit successfully at Latino and other event opportunities:

1. Make an annual calendar of the all events you would like to target, including Latino events. Consider different geographic areas, public attendance, and cost. And don't forget to include it in your outreach budget annually. If you need help finding Latino events in your area, please contact me at 919-733-9190.
2. Assign bilingual staff or trained bilingual volunteers to be at your booth and help to distribute information and build relationships with the public, community organizations and health professionals serving Latinos.
3. Distribute culturally appropriate educational information in Spanish.
4. Bring Spanish or bilingual promotional items to attract people to your table. Handling a few giveaway trinkets or incentives is a way to promote your program and messages, and to remind people how to reach you.
5. Invest in creating a Spanish display to present your organization or program.
6. Be welcoming. Greet your Latino costumers with a smile and a simple "Buenos días" or "Hola".
7. Make sure whatever contact information you provide that people can call you and have their questions answered in Spanish. Otherwise, let them know that they might need an interpreter when calling.

In short, exhibiting at Latino events is not only fun, but it can increase awareness of your services, build name recognition and strengthen your collaboration with community organizations and professionals. It also contributes to informing all North Carolina residents about public services available in the state. ■

¡Happy exhibiting  
and Hasta pronto!

Gloria Sanchez

# DHHS offers Supplemental Insurance Plans outside of what the State of NC offers!

The State of North Carolina offers health insurance through the State Health Plan as well as various insurance plans through NCFlex. DHHS also has insurance vendors that offer insurance plans to DHHS employees only. DHHS has an Employee Insurance Committee that:

- (1) Reviews insurance products currently offered through payroll deduction to the department employees.
- (2) Determines if those products meet the needs and desires of employees in the department.
- (3) Competitively selects the types of insurance products that reflect the needs and desires of employees in the department.
- (4) Reviews and recommends approval for employee benefit products that may be provided on site by on site solicitation.

Currently, DHHS offers the following insurance plans:

- Universal life insurance with Protective Life
- Disability and term life insurance with Pierce Insurance Agency
- Dental insurance with Kanawha
- Legal plan with ARAG.

If you need more information on these plans, please contact your health benefit representative in your human resource office.

**Pierce Insurance Agency is currently having open enrollment for its disability and term life insurance plans through Sept.**

**30.** Representatives of the Pierce Agency will be scheduling appointments at Department of Health and Human Services facilities. They are

also offering a limited time guarantee issue. If you are unsure if you need to speak with a representative or need coverage ask yourself the following questions:

- Do I have current disability coverage?
- Do I have enough life coverage?
- Is my coverage up to date?
- Does my current coverage take into consideration my salary increases?
- Do I have accident and/or hospital benefits on my family?
- Has anything in my life changed that would affect my insurance needs?
- Have I reviewed my coverage in the last year?

If you are not sure, their representatives would like to provide you with personal one-on-one service.

To make sure you are not missed, reply to **info@pierceins.com**.

In order for them to serve you better, they need to know your name, where you work, what shift you work and the best way to contact you at work. Your e-mail will be forwarded to your area agent. He/She will be contacting you directly to advise you when he/she will be at your facility. This is not an application for insurance only a request for information.

Name: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Location & Shift \_\_\_\_\_

City and/or County \_\_\_\_\_

**Cont. on page 11**

## Supplemental Insurance Plans cont. from page 10

**ARAG® Legal Plan open enrollment will be in September**

*The open enrollment period for the legal plan is Sept. 1- Sept. 30.*

ARAG Legal Plan is an insurance plan that DHHS offers to its employees. If you are interested in enrolling, please see your health benefit representative in your human resource office during this time.

ARAG would be beneficial in helping you on how to handle legal matters in today's economy as well as provide the tools necessary to do so. For most American families, legal matters are a part

of life. But, due to not knowing how to handle these matters many forgo legal assistance making the problem worse.

ARAG would you like for you to answer the following questions to determine if this is an option for you: Will you have a dispute with a contractor or be in danger of losing your driver's license? Who will you turn to when you receive calls from debt collectors?

We all want to have the peace of mind knowing we're protected from the unplanned. With a legal plan, you can protect your family, finances and future.

**ARAG's special offer****Free online legal documents**

You can create a free living will and power of attorney during open enrollment, **Sept. 1 – Sept. 30**. Visit <http://members.araggroup.com/ncdhhs> and follow the link on the home page.

**How it works – Getting started is easy**

- Visit <http://members.araggroup.com/ncdhhs> and click on *Free Living Will and Power of Attorney* link.
- Register and set-up your password. Your user name and password will be e-mailed to you for safekeeping.
- Login by selecting "Existing Users: Login."
- Enter your user name and password. Click "Go."
- Choose the appropriate links to create your free healthcare legal documents.

**For information on the plan and how it can help you protect your rights and assets:** Call the ARAG Customer Care Center toll-free at **800-247-4184** or visit <http://members.araggroup.com/ncdhhs>.

*Angela Patrick, Benefits Consultant*



# 2009 H1N1 Flu (formerly Swine Flu)



## What do I need to know and do?



### 2009 H1N1 Influenza is a

contagious respiratory illness caused by a new strain of influenza virus. In June 2009, H1N1 was declared a pandemic – meaning it is everywhere in the world.

Flu viruses spread mainly from person to person through coughing or sneezing. Sometimes people may catch flu by touching something infected and then touching their mouth or nose. A vaccine for H1N1 flu is expected to be available in late fall 2009.

### Who should get priority for the H1N1 vaccination?

- ☐ Pregnant women
- ☐ People who live with or care for children younger than 6 months
- ☐ Healthcare and emergency medical services personnel
- ☐ People between 6 months and 24 years old
- ☐ Adults ages 25 through 64 with chronic health disorders or compromised immune systems

**Visit [www.flu.nc.gov](http://www.flu.nc.gov) or call your local health department in the late fall to see if the new vaccine is available.**

### Are there medicines to treat H1N1 infection?

**Yes.** Antivirals are medicines that fight flu by keeping flu viruses from reproducing in your body. Doctors may prescribe them as pills, liquids or in an inhaler and are usually only for people who are at highest risk for complications from the flu. Antiviral drugs work best if started soon after getting sick, usually within two days of developing symptoms.

### H1N1 FLU SYMPTOMS

#### INCLUDE:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Fever                | <input type="checkbox"/> Cough      |
| <input type="checkbox"/> Sore throat          | <input type="checkbox"/> Body aches |
| <input type="checkbox"/> Chills               | <input type="checkbox"/> Fatigue    |
| <input type="checkbox"/> Diarrhea             | <input type="checkbox"/> Vomiting   |
| <input type="checkbox"/> Runny or stuffy nose | <input type="checkbox"/> Headache   |

### SEEK EMERGENCY MEDICAL CARE IF:

- ☐ Difficulty breathing or shortness of breath
- ☐ Pain or pressure in the chest or abdomen
- ☐ Sudden dizziness
- ☐ Confusion
- ☐ Severe or persistent vomiting
- ☐ Flu-like symptoms improve but then return with fever and worse cough
- ☐ In babies, bluish or gray skin color, lack of responsiveness or extreme irritation.

*Seasonal flu vaccine is still important. Do not wait for the H1N1 vaccine to arrive; get your seasonal flu vaccine first!*

### TIPS TO PREVENT THE FLU

- ☐ Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- ☐ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- ☐ If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- ☐ Avoid touching your eyes, nose or mouth. Germs spread this way.
- ☐ Try to avoid close contact with sick people.
- ☐ If you get sick with flu, stay home from work or school and limit contact with others to keep from making them sick.
- ☐ Get the recommended seasonal flu vaccine when it becomes available.
- ☐ Get the recommended H1N1 vaccine when it becomes available.

**For more flu information, visit [www.flu.nc.gov](http://www.flu.nc.gov) or call N.C. CARE-LINE, 1-800-662-7030 (TTY 1-877-452-2514).**

# La Influenza H1N1 de 2009



## ¿Qué necesito saber y hacer?



### La Influenza H1N1 de 2009

es una enfermedad respiratoria contagiosa causada por una nueva cepa del virus de la gripe. En junio de 2009, el virus fue declarado una pandemia – lo que significa que está en todas partes del mundo.

El virus de la gripe se propaga principalmente de persona a persona a través de la tos o los estornudos. A veces la gente puede contraer la gripe al tocar algo infectado y luego tocarse la boca o la nariz. Se espera que la vacuna contra la nueva influenza H1N1 esté disponible a finales de otoño de 2009.

### ¿Quién debe tener prioridad para recibir la vacuna contra el H1N1?

- ☐ Las mujeres embarazadas
- ☐ Las personas que cuidan o viven con niños menores de 6 meses
- ☐ El personal del sector salud y de servicios médicos de emergencia
- ☐ Personas de entre 6 meses a 24 años de edad
- ☐ Adultos de 25 a 64 años de edad con enfermedades crónicas de salud o sistemas inmunológicos débiles.

**Visite [www.flu.nc.gov](http://www.flu.nc.gov) o llame a su departamento de salud local a finales del otoño para ver si la nueva vacuna está disponible.**

### ¿Existen medicamentos para tratar la infección de H1N1?

**Sí.** Los antivirales son medicamentos que combaten la gripe, evitando que el virus se siga reproduciendo en su cuerpo. Los doctores pueden recetarle antivirales en forma de pastillas, líquido o inhalador y usualmente sólo se les recetan a las personas que tienen alto riesgo de desarrollar complicaciones a causa de la gripe. Los medicamentos antivirales funcionan mejor cuando se empiezan a tomar tan pronto uno se enferma, por lo general durante los dos primeros días después de presentar síntomas.

### LOS SÍNTOMAS DE LA GRIPE H1N1 INCLUYEN:

- |  |   |
|--|---|
| <input type="checkbox"/> Fiebre            | <input type="checkbox"/> Escalofríos                      |
| <input type="checkbox"/> Dolor de garganta | <input type="checkbox"/> Escurrimiento o congestión nasal |
| <input type="checkbox"/> Diarrea           | <input type="checkbox"/> Tos                              |
| <input type="checkbox"/> Dolor corporal    | <input type="checkbox"/> Vómito                           |
| <input type="checkbox"/> Fatiga            | <input type="checkbox"/> Dolor de cabeza                  |

### BUSQUE ATENCIÓN MÉDICA DE INMEDIATO SI TIENE

- ☐ Dificultad para respirar o falta de aliento
- ☐ Dolor o presión en el pecho o el abdomen
- ☐ Mareo repentino
- ☐ Confusión
- ☐ Vómitos fuertes o constantes
- ☐ Síntomas similares a los de la influenza o gripe que mejoran pero luego regresan con fiebre y una tos peor
- ☐ En los bebés, un color azulado o grisáceo en la piel, falta de interacción o irritabilidad extrema.

*La vacuna contra la gripe estacional sigue siendo importante. No espere a que la vacuna contra el H1N1 esté disponible; ¡Vacúnese contra la gripe estacional primero!*

### CONSEJOS PARA EVITAR EL CONTAGIO DE GRIPE

- ☐ Lávese las manos frecuentemente con agua y jabón, especialmente después de toser o estornudar. Los desinfectantes a base de alcohol también son eficaces.
- ☐ Cúbrase la nariz y la boca con un pañuelo desechable cuando tosa o estornude. Tire el pañuelo en la basura después de usarlo.
- ☐ Si no tiene un pañuelo, tosa o estornude en el antebrazo, no se cubra con la mano.
- ☐ Evite tocarse los ojos, la nariz o la boca. De esta manera se propagan los gérmenes.
- ☐ Evite el contacto cercano con personas enfermas.
- ☐ Si usted tiene gripe, permanezca en su casa, no vaya al trabajo o a la escuela y limite el contacto con otras personas para evitar contagiarlos.
- ☐ Vacúnese contra la gripe estacional tan pronto la vacuna esté disponible.
- ☐ Vacúnese contra la gripe H1N1 cuando la vacuna recomendada esté disponible.

**Para más información sobre la gripe, visite:**  
**[www.flu.nc.gov](http://www.flu.nc.gov) o llame a CARE-LINE, 1-800-662-7030**  
**(TTY 1-877-452-2514).**